

**OFFICE USE ONLY**

Ordinance # \_\_\_\_\_

Date # \_\_\_\_\_

**TOWN OF BLACKSBURG**

**REQUEST FOR A CHANGE OF ZONING CLASSIFICATION**

This application and accompanying information must be submitted in full before the rezoning request can be referred to the Planning Commission and Town Council or consideration. Please contact the Planning Department at (540) 961-1114 for application deadline.

Name of Property Owner(s): \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Contract Purchaser of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Location or Address of Property to be Rezoned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Zoning District: \_\_\_\_\_ Requested Zoning District: \_\_\_\_\_

**DESCRIPTION OF REZONING REQUEST**

Section 15.2-2286(A) (7) of the State Code of Virginia states that, "Whenever the public necessity, convenience, general welfare, or good zoning practice require, the governing body may by ordinance, amend, supplement, or change the regulations, district boundaries, or classifications of property". The following information is required in order to assess the public necessity, convenience, general welfare, or good zoning practice of the request. (Attach additional pages if necessary.)

Present Use of Property: \_\_\_\_\_

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Need and justification for the change in classification:

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Anticipated effect of the proposed change (if any) on public services and facilities:

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Appropriateness of the property for the proposed change, as it relates to the intent of the zoning district desired:

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Relationship of the proposed change to the general planning program (Comprehensive Plan):

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Way in which the proposed change will further the purposes of the Zoning Ordinance and general welfare of the community:

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**PROFFERED CONDITIONS, IF ANY MUST:**

1. Have a reasonable relationship to the rezoning;
2. Not include a cash contribution to the Town;
3. Not include mandatory dedication of property; and
4. Not include payment for construction of off-site improvements. The rezoning must give rise to the need for the conditions and the conditions must be related to the physical development or physical operation of the property and be in conformity with the Comprehensive Plan

If the conditional zoning method is desired to be used by the applicant, the following conditions are voluntarily proffered:

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Proffers on the rezoning may be amended at any time prior to the Planning Commission and Town Council public hearings.

The following items must accompany this application:

1. The written consent of the owner or agent of the owner. If the applicant is the contract purchaser, the written consent of the owner is required.
2. Surveyed map of the property at a scale of 1:100 or larger on 8 ½" x 11" or 11 x 17 paper.
3. Vicinity map on 8 ½" x 11" or 8 ½" x 14" paper indicating existing land use and zoning of property in question and within 300 feet of property. (This may be added to the survey map.)
4. A list of adjacent property owners (including properties across any street) and their addresses, plus the cost of CERTIFIED mailing for notifying each adjacent property owner (no stamps, please).
5. Fee of \$1500 for rezoning, \$2000 for Planned Residential Rezoning and \$1000 for an amendment to an existing Planned district. These fees are to be applied to the cost of advertising and expense incidental to reviewing, publishing, and processing this application. Please make you check or money order payable to the TOWN OF BLACKSBURG.
6. Any item submitted that is in excess of 11 x 17 paper size requires thirty-six (36) copies.

I, We, the owner(s), agent, or contract purchaser(s) of the property described on this application do hereby apply for a change of zoning district classification described on this application.

I, We, state that no application for a change in zoning district classification, substantially the same as this request, has been considered by the Town Council for the above referenced property, or any part thereof, within one year prior to the date of this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_